

Supervision – Life Skills Officer

Employee Name:	
Manager's Name:	
Date:	

Employee's Performance (manager to fill in)

	Not Satisfied	Somewhat satisfied	Satisfied	Very satisfied	N/A
Entering case notes					
Responsiveness					
Time Management					
Understands and follows instructions given					

How are you feeling about your role and responsibilities? Are you looking for more hours?

Are you finding the workload manageable? Do you need additional support?

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Name of the Participants you support:

Feedback from a Participant:

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Training Specific to the clients you support or training you are interested in completing:

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Employee's Signature:	
Date:	
Manager's Signature:	
Date:	